PHYSICAL ILLNESS IN MALE PSYCHIATRIC PATIENTS

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Abstract

Of 278 male admissions to Mount Carmel Hospital from April 1974 to March 1975, 26 per cent had a physical condition needing attention In 16 per cent no apparent relationship was found, yet the investigation of the physical state was important to reveal unsuspected disease. In 4 per cent bodily disease was the primary cause of the mental disorder. Recovery from the latter depended in the remission of the organic illness. Physical disability made an important contribution to the causation of the psychological illness in 2.5 per cent of patients.

In this group depression with suicidal ideas and behaviour was common. Attempts at treating the mood disturbance in the presence of serious physical illness were not always fruitless. Another 2.5 per cent of patients required treatment for the organic lesion which had resulted from their mental disorder or from alcoholic addiction. Some of these physical abnormalities were quite serious.

Introduction

Psychoneurosis in patients attending a range of clinics and the physical state of psychiatric patients have been discussed from various aspects by several authors. Maclay (1965) found that of 100 medical outpatients only 45 had an organic lesion to justify their complaint. On the other hand Wynn-Davies (1965), showed that 50 per cent of newly examined psychiatric outpatients had a physical illness which in the majority of cases contributed to the onset of the mental disorder. In a series of 200 consecutive admissions to a psychiatric unit studied by Maguirre and Granville-Grossman (1968) 67 patients were suffering from a physical abnormality. This abnormality had not been detected before admission in 33 patients. Eastwood, Mindham and Tennent(1970) observed that 16 of 100 new patients attending a psychiatric emergency department had physical disorders which were not previously recognised. Marshall (1949) reviewed the records of 175 patients seen at a psychiatric unit and found that 44 per cent had a physical condition requiring attention. He also discussed the relevance of the physical condition to the psychological illness.

Material studied

The present study was designed to estimate the incidence of physical illness amongst new male admissions to Mount Carmel Hospital from April 1974 to March 1975; and in particular to discuss the relationship between the physical and the psychiatric abnormality. There were 382 male admissions during the period covered but since readmissions have each been counted once only, the total number of patients studied was 278. Psychiatric and physical examinations were followed by routine laboratory tests, namely blood count and picture, urinalysis and blood WR. Further investigations were carried out where indicated.

Result

Seventy one (26 per cent) patients had a physical condition which required either medical treatment and/or nursing care at Mount Carmel Hospital or referral to St.

TABLE I

PHYSICAL DISEASE APPARENTLY UNRELATED TO THE MENTAL ILLNESS (16 per cent)

	No. of patients
Diseases of the respiratory system (bronchial asthma, 3; pulmonary tuberculosis, 2; pulmonary emphysema; pulmonary fibrosis; bronchopneumonia, 1 each)	8
Diseases of the cardiovascular system (hypertension, 2; ischaemic heart disease, 2; thrombophlebitis, 2)	6
Diseases of the digestive system (peptic ulcer, 2; melaena — cause not ascertained —; mesenteric thrombosis, 1 each)	4
Diseases of the kidney and urinary system (chronic nephrits, 5; prostatic hyperplasia; urethral stricture, 1 each)	7
Diseases of the nervous system (epilepsy, 3) parkinsonism; cerebral thrombosis, 1 each)	5
Diseases of the eye (retinal detachment; cataract, 1 each)	2
Diabetes mellitus	7
Psoriasis	1
Cirrhosis of the liver	1
Hydrocele	1
Deviation of the nasal septum	1

Luke's Hospital. The number of physically ill patients was divided as shown in the accompanying tables according to the relationship of the physical condition to the psychiatric illness. In 43 (16 per cent) patients the physical disorder was apparently unrelated to the mental disease; in 11 (4 per cent) patients it was regarded as the main aetiologicacl factor in the development of the mental illness while in 7 (2.5 per cent) patients its contribution to the onset of the psychiatric disturbance was considered to be very important.

In 7 (2.5 per cent) other patients it was the result of the abnormal mental state or a complication of alcoholic addiction. In 3 (1 per cecnt) patients epilepsy was concomitant with mental retardation. Organic disease constituted a contraindicaction to the application of physical treatment to the mental disorder in 6 patients (2 per cent).

Discussion

In 16 per cent of patients (Table 1) the mental symptoms did not point to an associated physical morbidity. However some of the conditions (2 per cent) were so serious as to warrant treatment in a general hospital. The importance of a medical history, physical examination and simple screening tests (Eastwood et al 1970) in all psychiatric patients who at times are very reticent about their physical symptoms is evident.

TABLE II

PHYSICAL DISEASE AS A PRIMARY AETIOLOGICAL FACTOR IN THE PRODUCTION OF THE MENTAL DISORDER (4 per cent)

Case No.	*Physical Disease*	*Mental Disorder*	*Age*
1	Cardiac failure		76
2	Cardiac failure		79
3	Hepatic insufficiency	Acute psycho-organic syndrome	31
4	Cerebral arteriosclerosis		59
5	Bronchopneumonia		57
6	Epilepsy	Twilight state	49
7	Epilepsy		49
8			64
9			49
10	Huntington's chorea	Chronic psycho-organic syndrome	
11			50
			36

Organic illness unrelated to the psychiatric condition could have been missed if the physical status of the patient had not been investigated.

In the other patients the physical disorder was the main cause of the mental illness in 4 per cent of patients. (Table II). The mental symptoms betrayed an underlying organic pathology. The diagnosis of disease giving rise to the chronic psycho-organic syndrome was not difficult. The main object in the management of patients suffering from the acute psycho-organic syndrome was the recognition and vigorous treatment of the organic disease. Recovery from the latter was followed by a complete disappearance of the mental symptoms in two patients.

Table III calls for consideration of some points. The physical disease was known before admission to hospital. The physical abnormalty in the depressed patients was serious and four of these were old. A disabling, painful or disfiguring

TABLE III

PHYSICAL DISABILITY CONTRIBUTING TO THE ONSET OF THE MENTAL ILLNESS (2.5 per cent)

Case No.	*Physical Disability*	*Mental Illness*	*Age*
12	Ulcerative colitis complicated by carcinomatous change		69
13	Carcinoma of the prostate		66
14	Cerebral thrombosis, ischaemic heart disease, diabetes		63
15	Cerebral thrombosis, ischaemic heart disease	Depression	59
16	Rheumatoid arthritis		50
17	Hypopituitarism		25
18	Deafness and blindness	Paranoid state	75

TABLE IV

PHYSICAL MORBIDITY RESULTING FROM THE ABNORMAL MENTAL STATE OR FROM ALCOHOLIC ADDICTION (2.5 per cent)

Case No.	*Psychiatric Diagnosis*	*Physical Morbidity*	*Age*
19	Schizophrenia	Wound of right hand	20
20	Depression	Wound across forehead	25
21	Depression	Severe dehydration and uraemia	75
22	Delirium tremens	Cirrhosis of the liver	32
23	Alcoholic addiction	Peripheral neuropathy and hepatic cirrhosis	60
24	Alcoholic addiction	Cirrhosis of the liver	32
25	Alcoholic addiction	Hepatic cirrhosis and anaemia	61

disease was considered to have played an important part in the causation of the abnormal mental state. In all cases the low spirits reached suicidal depth and two patients were referred to hospital after a determined suicidal attempt. One of them killed himself several months after discharge from hospital. Physical illness is frequently associated with suicidal behaviour. Sainsbury (1962) showed that it was present in 35 per cent of old persons committing suicide. Despite the chronicity and gravity of the physical disability attempts at treating the mood disturbance were not abandoned. In two patients the depressive symptoms responded to treatment. With regard to the diagnosis of paranoid state it is a well known fact that sense deprivation especially chronic deafness predisposes to the development of a paranoid reaction.

The incidence of the physical complications of alcoholic addiction and of physical sequelae of the abnormal mental state is analysed in Table IV. During the investigation of patients with a history of alcoholism particular attention was paid to any evidence of malnutrition and to the state of the organs which were likely to be involved. Injury occured in two cases. A schizophrenic patient impulsively cut his right hand with a knife and a depressed patient sustained a wound across his brow in a suicidal attempt. The physical state of the old depressed man showed the deleterious effect the mental state had on his body. Refusal by the patient of any kind of nourishment led to extreme emaciation and severe dehydration with consequent uraemia. One patient succumbed to the physical disease while irreversible organic changes occurred in four cases.

In examining the newly admitted patients during the period of this study the psychiatrist found that in some cases he was dealing with a problem of a more general nature. Physical disease found in various fields of medicine presented itself in association with the psychiatric illness. Burke (1970) emphasized the need for closer cooperation between the specialists. The role of organic illness had to be considered carefully throughout the management of the mental disorder and the findings in this study show that the physical assessment of the psychiatric patients was

essential for the following reasons:—

i) to detect asymptomatic organic disease

ii) to arrive at the psychiatric diagnosis

iii) to treat the mental disorder

iv) to attend to the physical sequelae of the mental illness and to the physical complications of alcoholic addiction

v) to exclude any organic disease constituting a contra-indication the physical treatment of the mental disorder.

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References

BURKE A.W. (1972) 'Physical illness in psychiatric hospital patients in Jamaica. British Journal of Psychiatry. *121* 321.

EASTWOOD, M.R., MINDHAM, R.H.S., and TENNENT. T.G. (1970). "The physical status of psychiatric emergencies", British Journal of Psychiatry. *116,* 545.

MACLAY, I. (1965) "The 'functional' medical out-patient", British Journal of Psychiatry. *111,* 34.

MAGUIRRE, G.P., and GRANVILLE-GROSSMAN, K.L. (1968), "Physical illness in psychiatric patients", British Journal of Psychiatry. *115,* 1365.

MARSHALL, M.E.S. (1949) "Incidence of physical disorders among psychiatric in-patients", British Medical Journal *ii,* 468.

SAINSBURY P. (1962) "Suicide in later life". Gerontologia Clinica (Basel) *4,* 161.

WYNN-DAVIES, D. (1965) "Physical illness in psychiatric out-patients", British Journal of Psychiatry, *111,* 27.